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CONFIRMATION NO. 8013

<b>SERIAL NUMBER</b> 10/743,095	<b>FILING OR 371(c) DATE</b> 12/23/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 117343
<b>APPLICANTS</b> Colin C.O. Goble, Surrey, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,859 02/27/2003 and claims benefit of 60/505,756 12/03/2003 <i>AT</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0317728.4 07/29/2003 <i>AT</i> UNITED KINGDOM 0300508.9 01/09/2003 <i>AT</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Alvin [Signature]</i> Allowance Examiner's Signature <i>AT</i> Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 55
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 25944				
<b>TITLE</b> Electrosurgical generator				
<b>FILING FEE RECEIVED</b> 1830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	